

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

IN THE MATTER OF

**Statement Requesting  
Removal of Rights and  
Transfer of Additional  
Powers to Guardian**

\_\_\_\_\_

\_\_\_\_\_ Date of Birth

Case No. \_\_\_\_\_

I am: ☐ guardian.  
☐ another interested person.

I request the removal of rights from the ward and transfer to the guardian of powers in addition to those specified in the order of appointment of the guardian, based on an expansion of the ward's incapacity. The specific rights requested to be removed from the ward and powers requested to be transferred to the guardian and relevant support for this request are as follows: ☐ **See attached**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Statement

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Name of Attorney

Address

Telephone Number

Bar Number